

4. CREDIT CARDS (Note: If you are currently carrying a balance on your office credit cards, list the minimum payments below. If you use your credit cards for other expenses detailed in this worksheet and pay the entire balance when payment is due, please detail these expenses in the other sections provided. As an example, let us say that you use your Visa for Office Supplies and then pay it off at the end of the month. These expenses would not be listed here, but instead under office supply)

- a. Credit Card Payment _____ \$ _____
- b. Credit Card Payment _____ \$ _____
- c. Credit Card Payment _____ \$ _____
- d. Credit Card Payment _____ \$ _____
- e. Credit Card Payment _____ \$ _____
- f. Credit Card Payment _____ \$ _____
- g. Credit Card Payment _____ \$ _____
- h. Credit Card Payment _____ \$ _____

TOTAL CREDIT CARD PAYMENTS \$ _____

5. INSURANCE COVERAGE

- a. Malpractice/Professional Liability \$ _____
- b. Work Comp \$ _____
- c. Group Health \$ _____
- d. Auto \$ _____
- e. Insurance - other _____ \$ _____
- f. Insurance - other _____ \$ _____
- g. Insurance - other _____ \$ _____
- h. Insurance - other _____ \$ _____
- i. Insurance - other _____ \$ _____

TOTAL INSURANCE \$ _____

6. OUTSIDE SERVICES

- a. Accountant \$ _____
- b. Lawyer/Legal Services \$ _____
- c. Dry Cleaning & Laundry \$ _____
- d. Hazardous Waste disposal \$ _____
- e. Payroll Service \$ _____
- f. Temporary Help Agencies \$ _____
- g. Computer Software Support \$ _____
- h. Sewer & Garbage \$ _____
- i. Outside Service - other \$ _____
- j. Outside service - other \$ _____

TOTAL OUTSIDE SERVICES \$ _____

7. UTILITIES & SERVICES

- a. Gas & Electric \$ _____
- b. Water \$ _____
- c. Cable TV \$ _____

TOTAL UTILITIES & SERVICES \$ _____

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8. COMMUNICATION & PHONE

- a. Local Phone bill \$ _____
- b. Long distance carrier (if not incl. in a. above) \$ _____
- c. Answering service \$ _____
- d. Pager service \$ _____
- e. Cellular phone \$ _____
- f. Cellular long distance \$ _____
- g. Internet Service \$ _____

TOTAL COMMUNICATION & PHONE \$ _____

9. DUES - PROFESSIONAL ASSOCIATIONS & SOCIETIES

- a. ADA Dues (Include any additional moneys paid above yearly membership dues to ADA) \$ _____
- b. AGD Dues \$ _____
- c. County Association Dues \$ _____
- d. City Association Dues \$ _____
- e. Dues - other _____ \$ _____
- f. Dues - other _____ \$ _____

TOTAL DUES \$ _____

10. LICENSING

- a. Business license \$ _____
- b. Controlled Substance license \$ _____
- c. DEA License \$ _____
- d. Licensing - other \$ _____
- e. Licensing - other \$ _____

TOTAL LICENSING \$ _____

11. SUBSCRIPTIONS

- a. Office Magazines \$ _____
- b. Professional Journals \$ _____
- c. Subscriptions - other _____ \$ _____
- d. Subscriptions - other _____ \$ _____

TOTAL SUBSCRIPTIONS \$ _____

12. PAYROLL EXPENSES

Salaries & Wages (List Gross Monthly Wages)

- a. Doctor/Owner \$ _____
- b. Office manager \$ _____
- c. Receptionist \$ _____

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- d. Financial Secretary \$ _____
- e. Appointment Secretary \$ _____
- f. Associate Doctor \$ _____
- g. Associate Doctor \$ _____
- h. Hygienist \$ _____
- i. Hygienist \$ _____
- j. Hygienist \$ _____
- k. Assistant \$ _____
- l. Assistant \$ _____
- m. Assistant \$ _____
- n. Assistant \$ _____
- o. Other _____ \$ _____
- p. Other _____ \$ _____
- q. Other _____ \$ _____
- r. Other _____ \$ _____

I. TOTAL GROSS WAGES \$ _____

- Payroll related taxes
- a. Company FICA \$ _____
 - b. State Unemployment (% varies by company) \$ _____
 - c. Federal Unemployment \$ _____
 - d. Local taxes \$ _____
 - e. Taxes Other - _____ \$ _____
 - f. Taxes Other - _____ \$ _____

II. TOTAL PAYROLL RELATED TAXES \$ _____

TOTAL PAYROLL EXPENSES
(Equals I + II) \$ _____

13. ADVERTISING

- a. Yellow Pages (if not included in phone bill) \$ _____
- b. Yellow Pages - Other _____ \$ _____
- c. Yellow Pages - Other _____ \$ _____
- d. Yellow Pages - Other _____ \$ _____
- e. Yellow Pages - Other _____ \$ _____
- f. Newspaper Ads \$ _____
- g. Val-Pak/Coupon Magazines \$ _____
- h. New Resident Programs \$ _____
- i. TV \$ _____
- j. Radio \$ _____
- k. Referral Services (1-800 DENTIST, etc.) \$ _____
- l. Mailers/Flyers \$ _____
- m. Bulk Postage (for flyers & mailers) \$ _____
- n. Billboards \$ _____
- o. Website \$ _____
- p. Advertising - other \$ _____
- q. Advertising - other \$ _____
- r. Advertising - other \$ _____

TOTAL ADVERTISING \$ _____

14. PUBLIC RELATIONS & PROMOTIONS

- a. Birthday cards \$ _____
- b. Seasonal mailings (printing & postage) \$ _____
- c. Sponsorship of local organizations (little league etc.) \$ _____
- d. Newsletter printing & postage \$ _____
- e. Promotions - Other \$ _____
- f. Promotions - Other \$ _____
- g. Promotions - Other \$ _____
- h. Promotions - Other \$ _____

TOTAL PR & PROMOTIONS \$ _____

15. CONTINUING EDUCATION

- a. Clinical/OSHA compliance seminars & material \$ _____
- b. Practice Management seminars & materials \$ _____
- c. Travel & Accommodation Expense \$ _____

TOTAL CONTINUING EDUCATION \$ _____

16. OFFICE EXPENSES

- a. Office Supplies \$ _____
- b. Stationary & Envelopes \$ _____
- c. Clothing & Uniform \$ _____
- d. Parking \$ _____
- e. Repairs & Equipment Maintenance \$ _____
- f. Entertainment & Food \$ _____
- g. Postage \$ _____
- h. Office Expense - other \$ _____
- i. Office Expense - other \$ _____
- j. Office Expense - other \$ _____

TOTAL OFFICE EXPENSES \$ _____

17. BANK & CREDIT CARD CHARGES

- a. Merchant charges - credit cards & finance cos. \$ _____
- b. bank charges \$ _____
- c. Other _____ \$ _____

TOTAL BANK & CREDIT CARD CHARGES \$ _____

18. MEDICAL/DENTAL SUPPLIES \$ _____

19. LAB EXPENSES \$ _____

20. BACK BILLS (list any creditors that you are on a payment plan with due to inability to pay original bill - include tax payment plans)

- a. Back bill _____ \$ _____
- b. Back bill _____ \$ _____
- c. Back bill _____ \$ _____
- d. Back bill _____ \$ _____
- e. Back bill _____ \$ _____
- f. Back bill _____ \$ _____

TOTAL BACK BILLS \$ _____

21. EXPENSES: OTHER (If anything was missed, please list it below)

- a. Other _____ \$ _____
- b. Other _____ \$ _____
- c. Other _____ \$ _____
- d. Other _____ \$ _____
- e. Other _____ \$ _____
- f. Other _____ \$ _____
- g. Other _____ \$ _____
- h. Other _____ \$ _____
- i. Other _____ \$ _____

TOTAL OTHER EXPENSE \$ _____

Please take your totals and carry them forward to the Overhead & Expense Summary Sheet.

OVERHEAD & EXPENSE SUMMARY SHEET

Dentist

Practice: _____ Doctor: _____

Address: _____

City: _____ State: _____ Zip: _____

Date: _____ Filled out by: _____

EXPENSES	COST - MONTHLY
1. RENT & MORTGAGE EXPENSE	\$
2. LEASE EXPENSES	\$
3. LOAN & LINES OF CREDIT	\$
4. CREDIT CARDS	\$
5. INSURANCE	\$
6. OUTSIDE SERVICES	\$
7. UTILITIES	\$
8. COMMUNICATION & PHONE	\$
9. DUES	\$
10. LICENSING	\$
11. SUBSCRIPTIONS	\$
12. PAYROLL EXPENSE	\$
13. ADVERTISING	\$
14. PR & PROMOTIONS	\$
15. CONTINUING EDUCATION	\$
16. OFFICE EXPENSE	\$
17. BANK & CREDIT CARD CHARGES	\$
18. DENTAL SUPPLIES	\$
19. LAB EXPENSES	\$
20. BACK BILLS	\$
21. OTHER EXPENSES	\$
TOTAL MONTHLY EXPENSES	\$

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